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0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket	ANDPAT/182/US
	First Named Inventor	Helmuth GABL
	COMPLETE IF KNOWN	
	Application Number	10/796,679
	Filing Date	03/09/2004
	Group Art Unit	
Examiner Name		

As an above named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR CONTROLLING OPERATION OF A
FLOTATION CELL

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (03/09/2004) as United States Application or PCT International Application Number 10/796,679 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, §1.56.

I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached	
				Yes	No
A 372/2003	Austria	03/11/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

**DECLARATION**

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:

As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:

Firm Name:

Allx, Yale & Ristas, LLP

Customer Number:

002543

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor

☐ A petition has been filed for this unsigned inventor

Given Name	Helmuth	Middle Initial		Family Name	Gabl	Suffix	
Inventor's Signature					Date	2004 03 23	
RESIDENCE: City	Graz	State		Country	Austria	Citizenship	Austrian
POST OFFICE ADDRESS	Rannachstrasse 47						
City	Graz	State		Zip	A-8046	Country	Austria
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor


Given Name	Andreas	Middle Initial		Family Name	Gorton-Hülgerth	Suffix	
Inventor's Signature					Date	25.03.2004	
RESIDENCE: City	Graz	State		Country	Austria	Citizenship	Austrian
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						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Erwin	Middle Initial		Family Name	HERTL	Suffix	
Inventor's Signature					Date	2004 03 29	
RESIDENCE: City	Judendorf	State		Country	Austria	Citizenship	Austrian
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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature					Date		
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature					Date		
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

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POST OFFICE ADDRESS							
City		State		Zip		Country	
						Applicant Authority	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto